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UNITED STATES PATENT AND TRADEMARK OFFICE

**Appl. No.:** 10/622,340 **Confirmation No.:** 4814  
**Applicant:** Koji Sasaki et al.  
**Filed:** July 18, 2003  
**TC/A.U.:** 1763  
**Examiner:** Richard A. Bueker  
**Docket No.:** 075834.00417  
**Customer No.:** 33448

**AMENDMENT A**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action of September 22, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

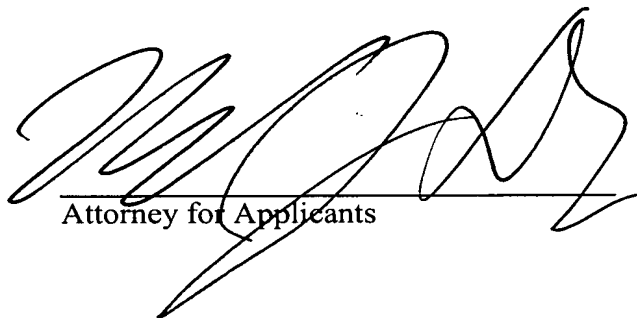
Appl. No. 10/622,340  
Amdt. Dated December 22, 2004  
Reply to Office Action of September 22, 2004

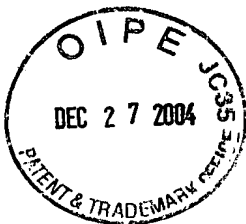


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Attorney for Applicants



PTO/SB/21 (09-04)

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Total Number of Pages in This Submission

Application Number	10/622,340
Filing Date	July 18, 2003
First Named Inventor	Koji Sasaki et al.
Art Unit	1763
Examiner Name	Richard A. Bueker
Attorney Docket Number	075834.00417

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	The Commissioner is hereby authorized to charge any fees due or credit any overpayment to Deposit account No. 50-1794	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	CUSTOMER NO. 33448	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Robert J. Depke, Holland & Knight LLP, 131 S. Dearborn St., 30th Fl, Chicago, Illinois 60603		
Signature			
Printed name	Robert J. Depke Esq.		
Date	12/22/04	Reg. No.	37,607

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Typed or printed name	Robert J. Depke Esq.	Date	12/22/04

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